

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10/631488

FILING DATE

APPLICANT

10/531488

11/15/06 CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 3 <sup>rd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		1		1
4		2		1		1
5		2	1			1
6		2		1		1
7		2		1		1
8		2		1		1
9		2		1		1
10		2		1		1
11		2		1		1
12		2		1		1
13		2		1		1
14		2		1		1
15		2		1		1
16		2		1		1
17		2		1		1
18		2		1		1
19		2		1		1
20	1		1		1	
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50						
TOTAL IND.	↓		3	↓	2	↓
TOTAL DEP.	←		17	←	24	←
TOTAL CLAIMS			20		26	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 3 <sup>rd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.	↓			↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						